Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 02		(X3) DATE SURVEY COMPLETED			
		B. WING		R				
		HAL092124	D. WING		07/2	7/2016		
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
ELMCROFT OF NORTH RIDGE 600 NEWTON ROAD RALEIGH, NC 27609								
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE		
{C 000}	000} Initial Comments		{C 000}					
	Getchell on July 27							
		y revealed that all deficiencies ected, therefore a new plan of ed.						
{C 189}	Building Equipment	Maintained Safe, Operating	{C 189}					
	mechanical, and plu care home shall be operating condition. (k) This Rule shall facilities with the ex	11 OTHER d all fire safety, electrical, umbing equipment in an adult maintained in a safe and						
		ation, the facility has failed to ety equipment in a safe and						
	Followup Findings	on July 27, 2016 include:						
	has a self-illuminati which is difficult to s	Special Care Unit Courtyard ng exit sign mounted on it see in the daylight because the re not in place to provide /.						
	maintained in a safe	ation, the facility was not e manner due to breaches of corridor construction that has rity.						

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING: 02			(3) DATE SURVEY COMPLETED		
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		HAL092124	B. WING		07/2	7/2016		
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{C 189}	Continued From page 1		{C 189}					
	Followup Findings on July 27, 2016 include: The sheet-rock corridor ceiling is damaged due to repair work in the attic outside Room 17.							
	5-Based on observation, the facility was not maintained in a safe manner due to breaches of the one-hour rated ceiling construction that has invalidated its integrity.							
	The sheet-rock ceil	on July 27, 2016 include: ing is damaged in various olumbing leak from the above 7.						
	maintained in a saf	ation, the facility was not e manner due to breaches istance rated construction that ntegrity.						
	a) Above the lay-in Services Coordinat 116 there are 3/4 in penetrating the 1 h	on July 27, 2016 include: a ceiling in the Resident or's office across from Room ach CPVC pipes that are our fire resistance rated arge holes in the walls and t sealed.						
{C 199}	Exhaust Ventilation		{C 199}					
	provided with exhautwo cubic feet per requirement does r	ed in this Paragraph shall be ust ventilation at the rate of minute per square foot. This not apply to facilities licensed by, with natural ventilation in uces:						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION 02	(X3) DATE SURVEY COMPLETED	
		HAL092124	B. WING			२ 2 7/2016
	PROVIDER OR SUPPLIER DFT OF NORTH RIDGI	= 600 NEW	DDRESS, CITY, S TON ROAD I, NC 27609	TATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
{C 199}	(2) soil utility room; (3) bathrooms and (4) housekeeping of (5) laundry area. (k) This Rule shall facilities with the ex which shall not app This Rule is not me 1-Based on observa provide an environm Rule by not providing generated. Followup Findings f The mechanical exi interior air in the fol (a) Assisted Living (b) Assisted Living (c)	toilet rooms; closets; and apply to new and existing ception of Paragraph (e) ly to existing facilities. Let as evidenced by: ation, this facility failed to nent in accordance with this ag ventilation where odors are from July 27, 2016 include: haust fans are not exhausting lowing locations: 100 HALL 1200 HALL 14 (Lower Level Housekeeping e Rooms	{C 199}			

6899

Division of Health Service Regulation STATE FORM